



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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## \*BIBDATASHEET\*

CONFIRMATION NO. 89

Bib Data Sheet

SERIAL NUMBER 09/679,802	FILING DATE 10/05/2000 RULE	CLASS 705	GROUP ART UNIT 3621	ATTORNEY DOCKE NO. F-209
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## APPLICANTS

Perry A. Pierce, Darien, CT;

Allen L. Kramer, Middletown, CT;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 9923437.9 10/05/1999

UNITED KINGDOM 0017455.7 07/18/2000

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/17/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDEN
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature _____ Initials _____	CT	5	23	3

## ADDRESS

919  
PITNEY BOWES INC.  
35 WATerview DRIVE  
P.O. BOX 3000  
MSC 26-22  
SHELTON , CT  
06484-8000

## TITLE

Postage metering system having third party payment capability

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
RECEIVED 894		



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Bib Data Sheet

CONFIRMATION NO. 8910

SERIAL NUMBER 09/679,802	FILING DATE 10/05/2000 RULE	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. F-209
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## APPLICANTS

Perry A. Pierce, Darien, CT;  
 Allen L. Kramer, Middletown, CT;

*f.a.*

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 9923437.9 10/05/1999  
 UNITED KINGDOM 0017455.7 07/18/2000

*f.a.*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 11/17/2000

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CT	5	23	3
Verified and Acknowledged	Examiner's Signature <i>f.a.</i> Initials				

## ADDRESS

21003

## TITLE

Postage metering system having third party payment capability

FILING FEE RECEIVED 894	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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